

FORMULA TO DETERMINE AMOUNT OF INCOME
AVAILABLE TO PAY FOR ROOM AND BOARD
IN SUBSTITUTE CARE

Applicant/Participant Name: _____		Date: ____ / ____ / ____
1. Total income from all sources		
2. Discretionary Income (Not less than \$65)		
3. Enter Difference between line 1 and line 2 here		
4. Health Insurance premium which the person pays out of pocket		
5. Enter the difference between line 3 and line 4 here		
6. Out of pocket medical/remedial expenses		
7. Enter the difference between line 5 and line 6 here		
8. Family Maintenance Allowance		
9. Enter the difference between line 7 and line 8 here		
10. Special exempt income		
11. Enter the difference between line 9 and line 10 here		
12. Spousal income allocation		
13. Enter the difference between line 11 and line 12 here		
14. Cost Share or Spenddown obligation		
15. Enter the difference between line 13 and line 14 here		
16. Actual cost of room and board		
17. Enter the difference between line 15 and line 16 here		

DDES-920 – INSTRUCTIONS
FORMULA TO DETERMINE AMOUNT OF INCOME
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IN SUBSTITUTE CARE

Applicant/Participant Name: _____	Date: ____/____/____
1. Total income from all sources <ul style="list-style-type: none">• Resident's income from line A-10 of COP –DIA form, or• For Group A – amount from line 4 of DDES-919• For Group B and C – from CARES screen ECSC or from Spousal Impoverishment Income Allocation Worksheet, Section C, Line 1	
2. Discretionary Income (Not less than \$65, or more, as defined in the county's COP plan)	
3. Difference between line 1 and line 2	
4. Health Insurance premium (must be out of pocket) Includes MAPP premium, if applicable	
5. Difference between line 3 and line 4	
6. Out of pocket medical/remedial expenses <ul style="list-style-type: none">• For all Group A• For Group B (from line 19 of the Model Referral Form or CARES Screen ECSC)• For Group C <u>married only</u> (from line 20a of the Model Referral Form or Spousal Income Allocation Worksheet, Section C, Line 10)	
7. Difference between line 5 and line 6 <ul style="list-style-type: none">• For Group A – skip to line 15 and enter this amount on line 15• For Group B and C – enter the amount here and continue to line 8	
8. Family Maintenance Allowance, if applicable (from CARES ECSC screen)	
9. Difference between line 7 and line 8	
10. Special exempt income (for all Group B and C – from CARES ECSC screen)	
11. Difference between line 9 and line 10	
12. Spousal income allocation (when applicable, for Group B or Group C, from Spousal Income Allocation Worksheet, Section A, line 3)	
13. Difference between line 11 and line 12	
14. Cost Share/Spenddown <ul style="list-style-type: none">• For all Group B from CARES ECSC screen• For Group C married only – amount from line 11, Spousal Income Allocation Worksheet• For Group C single – spenddown obligation from CARES ECED	
15. Difference between line 13 and line 14	
16. Actual cost of Room and Board in the facility (amount facility charges this resident for R&B)	
17. Subtract line 16 and line 15 <p style="margin-left: 20px;">(A) If amount on line 17 is a positive number, the participant has enough funds to pay for room and board in the facility. The participant pays only the room and board amount and keeps any remaining funds.</p> <p style="margin-left: 20px;">(B) If the amount on line 17 is a negative number, the participant does not have sufficient funds to pay entire room and board costs and another, non-waiver funding source must be used to supplement the cost.</p>	